

DEPARTMENT OF THE ARMY
HEADQUARTERS UNITED STATES ARMY INFANTRY CENTER
FORT BENNING, GEORGIA 31905-5000

USAIC Regulation
No. 40-2

13 July 1992

Medical Service
FIELD MEDICAL SUPPORT AND ROUTINE/EMERGENCY MEDICAL EVACUATION

1. **PURPOSE.** To delineate responsibilities and prescribe guidance for field medical support and routine/emergency medical evacuation of sick/injured personnel at Fort Benning.
2. **GENERAL.** The primary means of evacuating all critically injured/sick patients will be by air ambulance. However, personnel with medical problems of a less serious, non-emergency, nature should be evacuated to a medical treatment facility (Martin Army Hospital Emergency Room or Troop Medical Clinic) by the fastest ground means available: to include ground ambulance, other military vehicles or privately owned vehicles (POVs).
3. **RESPONSIBILITIES.** The determination of the amount of field medical support to be provided for any event/activity will be made by the USAIC Commander with technical guidance from the Director of Health Services. The allocation of field medical resources will be made under the supervision of the Director of Health Services (DHS). The USAIC Commander is ultimately responsible for unit readiness as well as the health of his command. TOE medical units must not be committed to a degree impairing unit readiness. Training soldiers has inherent dangers but placing an ambulance at each training site will not reduce the risk. Attention to the soldier's safety by the soldier, the supervisor and the leader and quick reaction to deter or stop a potentially dangerous incident or situation will reduce or eliminate the risk. All soldiers in the chain of command must be able to react to a medical emergency and provide first aid until MEDEVAC or an ambulance arrives.
4. **EXPLANATION OF TERMS.** Special terms used in this regulation are explained in the glossary.
5. **FIELD MEDICAL SUPPORT.**
 - a. **Operating Procedures: General.**
 - (1) "Buddy Aid/Self Aid" are vital elements to preserving life and limb. Each military member must know the principles and techniques of emergency medical care procedures, and be prepared to perform these procedures until trained medical personnel and evacuation vehicles arrive. If conditions dictate, non-medical personnel may be required to accompany the patient to assist in continuation of medical care during evacuation.
 - (2) Combat Life-Saver provides the basic lifesaving skills to non-medical soldiers, which enhances the medical care in individual units. In the event of the deployment of all medical personnel providing field medical support, Combat Lifesavers may be used to provide continuity of training.
 - (3) Qualified medical personnel will provide on-site medical coverage to all high risk training. On-site medical support normally consists of an ambulance, driver and aidman. The ambulance and aidmen are medically qualified to provide emergency first aid, to treat minor medical problems and to request medical evacuation (ground/air ambulance) through the on-site commander/OIC.
 - (4) Utilization of on-site organic vehicles will be used to the maximum extent possible to transport minor, non-emergency (routine) injuries within a fifteen (15) mile radius of Martin Army Community Hospital.
 - (5) Air ambulance/EMS ambulance will be utilized to transport life and limb emergencies to Martin Army Community Hospital or serving hospital. Severity of injury, distance, and weather are factors in determining which method is used. See examples of life and limb emergencies at Appendix B. Air ambulance crews providing on-site coverage (i.e., Ranger camps, TDY sites, etc.) also provide "area" medical coverage as required.

*This regulation supersedes USAIC Regulation 40-2, 24 May 1990.

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b. Field medical support does not include sick-call where minor illness and injured patients are treated in the field, i.e., field medical support during Ranger training.

6. INSTRUCTIONS FOR THE OFFICER-IN-CHARGE/NCO-IN-CHARGE.

a. Each commander will ensure that officers and NCO's are familiar with CPR, the four basic life saving steps, and how to request MEDEVAC. Classes in all areas are taught routinely at the 498th Medical Company; 3d Brigade, 24th Infantry Division (Mech) and Martin Army Community Hospital. Schedules of these classes can be obtained by calling the 498th Medical Company (545-5311/4732/3288); MACH (544-1318/4703); 3d Brigade, 24th Infantry Division (Mech) S-3. (544-3865/3119).

b. The OIC/NCOIC will ensure communications are established with Range Control (IAW USAIC Reg 210-4, Range and Terrain Regulations).

c. The OIC/NCOIC will ensure that a medical evacuation vehicle, when provided, is used only to transport patients, medical personnel, and medical equipment. Ambulances will not be used for transporting non-patients, weapons, ammunition, equipment, or be used for administrative purposes. Medical personnel at the commitment site will not be used for non-medical duties.

d. The OIC/NCOIC will ensure that required field medical support, or a qualified Combat Lifesaver, is available prior to commencement of an activity if required by this regulation.

e. The OIC/NCOIC will ensure that rations are available to medical personnel.

f. Medical personnel will familiarize themselves with the SOP for each range. If necessary, a terrain analysis will be conducted. Medical personnel will conduct individual training (i.e., CTT/MOS training) when not actively providing medical support.

7. PROCEDURES FOR REQUESTING MEDICAL SUPPORT.

a. Initiating on-site field medical support or modifying existing coverage:

(1) Requests will be submitted to Commandant, USAIS, ATTN: ATSH-OTC.

(2) Requests will specify the nature of the activity, justification for the type/amount of support, date(s), time(s), location, and point of contact with phone number.

(3) Requests will be submitted in writing a minimum of 10 weeks prior to the scheduled event to allow sufficient time for evaluation, planning, and coordination.

b. Scheduling field medical support for those activities listed in Appendix A, para 1.

(1) Activities of a recurring nature that appear on the USAIS Troop Requirements Schedule and meet the criteria of Appendix A, para 1, will receive on-site field medical support.

(2) Activities not appearing on the USAIS Troop Requirements Schedule but which meet the requirements of Appendix A, para 1, will be scheduled as follows:

(a) Written requests will be forwarded through Commandant, USAIS, ATTN: ATSH-OTC, to be received NLT 8 weeks prior to the scheduled activity/event.

(b) Request will specify the nature of the activity, date, time, location, and point of contact with telephone number.

c. When field medical support is not available due to deployment, the following guidelines will be used to determine the level of CLS support needed:

(1) For those activities listed in para 1, a minimum of two Combat Lifesavers (CLS) equipped with one Medical Equipment Set--Combat Lifesaver, as described in Appendix A, USAIC Reg 40-3, will be used. In situations where the CLS mission accomplishment would be degraded by sharing the Medical Equipment Set--Combat Lifesaver (e.g., CLS not co-located), each CLS should have a Medical Equipment Set--Combat Lifesaver.

(2) All other activities will have a minimum of one CLS equipped with the Medical Equipment Set--Combat Lifesaver.

d. Rescheduling approved field medical support:

(1) To reschedule an activity during duty hours, the OIC/NCOIC will call the supporting unit. The supported unit will coordinate all requirements and changes involving Infantry School instruction through Current Operations Division, Directorate of Operations and Training (DOT).

(2) Sudden changes for coverage during non-duty hours the OIC/NCOIC will notify the supporting unit.

8. EMERGENCY REPORTING AND EVACUATION.

a. Aircraft Crash Rescue: The procedures for accomplishing air crash rescue operations are specified in the USAIC Aircraft Pre-Accident Plan.

b. Air Ambulance Evacuation: The primary method to obtain emergency air ambulance evacuation is by telephone (post emergency net 112 or 498th Medical Company (Air Amb) Operations, 545-3288/5311). A secondary method is by FM radio frequency 49.65, using the call sign "Med Evac Control". Another method of communication is the Range Division Operations Net commercial porta-mobile radio, frequency 149.625, net control sign - Range Control or FM Radio Frequency 38.60, call sign - Tampa Nestor (Chapter 5, USAIC Reg 210-4). Both of these systems are monitored 24 hours a day. Requests for air evacuation will include the following:

(1) Location of use of accurate six digit coordinates to include the 100,000 meter two letter identifier (e.g., FL 889799, GL 053764, FM105015).

(2) Identification of requestor to include name and telephone number or call sign and frequency as appropriate.

(3) Number of patients.

(4) Special equipment required such as rescue hoist, back board, stokes litter, Thomas leg splint etc.

(5) Type of patient (i.e., litter or ambulatory).

(6) Description of injury.

(7) Landing site markings to be used, i.e., smoke, lights, color panels, or improvised ground identification.

(8) Patient nationality and status.

(9) Terrain description.

c. Procedures for Directing Aircraft.

(1) Vehicle lights used to mark a landing site should be directed into the wind, allowing the aircraft to approach over the top of the vehicle. Lights will be directed only at the landing site. Spotlighting an aircraft may temporarily blind the pilot, endangering the aircraft and personnel on the around.

(2) Smoke, when used, should be discharged as soon as the aircraft is within sight. Smoke should be on the downwind portion of the landing area to allow the aircraft to approach and land clear of the smoke.

(3) Panels, when used, should be securely fastened to the ground appropriately 5 to 10 meters in front of the actual landing area to prevent drawing of the panels into the rotor system.

(4) All vehicle lights should be turned off when the pilot informs the ground personnel that they are using night vision goggles/devices.

9. REFERENCES.

- a. AR 10-45, Organization and Functions, HSC.
- b. AR 40-1, Composition, Mission and Functions of the Army Medical Departments.
- c. AR 40-2, Army Medical Treatment Facilities General Administration.
- d. AR 40-3, Medical, Dental, Veterinary Care.
- e. AR 75-1, Malfunctions involving Ammunition and Explosives.
- f. AR 385-40, Accident Reporting and Records.
- g. FM 8-36, The Aidman's Guide.
- h. FM 21-11, First Aid for Soldiers.
- i. Memorandum of Understanding among the Commanders FORSCOM, TRADOC, and HSC, dtd 9 July 1977.
- j. USAIC Regulation 10-10, Manual of Organization, Missions & Functions.
- k. USAIC Regulation 40-3, Combat Lifesaver.
- l. USAIC Regulation 350-1, USAIC Training Directive.
- m. USAIC Regulation 350-3, Military parachuting at the USAIC.
- n. USAIC Regulation 385-2, USAIC Accident Prevention Program.
- o. USAIC Circular 570-1, Installation Base Support Program.
- p. USAIC Regulation 210-4, Range and Terrain Regulations.

APPENDIX A
SCHEDULE OF FIELD MEDICAL SUPPORT ACTIVITIES

A-1. Those activities considered high risk will be covered by on-site medical support and are listed as follows:

- a. Airborne Training (Jump Week), Jumpmaster, Pathfinder and any Airborne Operation.
- b. Ranger Training (at Darby/Dahlonge/Eglin).
- c. Activity involving use of Flame Thrower or other flame operations training.
- d. Demolitions (where students are handling the explosives.)
- *e. Combined Arms Live Fire Exercises (CALFEX), Infiltration Courses, Hand Grenade Live Bay, Maneuver Live Fire Exercises and exercises where troops are exposed to direct or indirect fire.
- f. Rappelling.
- g. Operations in and over water.

A-2. All other training will receive Area Medical Coverage from the 498th Medical Company (Air Ambulance) or Ground Ambulance's from the Emergency Medical Section (EMS) at Martin Army Community Hospital.

A-3. Combat Life Savers will be provided by the training unit. When units do not have qualified combat lifesavers and/or complete Combat Lifesaver Medical Kits, medical coverage will be provided.

* Maneuver live fire exercises are those in which two or more soldiers are required to engage targets with live ammunition from other than fixed positions -- soldiers are moving and/or move by bounds while others are firing.

APPENDIX B
EXAMPLES OF LIFE & LIMB EMERGENCIES

Examples of life and limb emergencies include, but are not limited to, the following:

- a. Critical head, neck, or back injuries.
- b. Severe burns and burns of the face and neck.
- c. Respiratory/cardiac arrest or severe chest pain.
- d. Traumatic amputation of an extremity, i.e., leg, arm, etc.
- e. Crushing injuries of chest, abdomen, or extremity.
- f. Severe lacerations involving an artery (bright red, spurting bleeding).
- g. Severe fractures, i.e., compound (protruding bone) or of femur or pelvis.
- h. Unconscious or seizing patient.
- i. Accidents involving multiple injuries/casualties, i.e., auto/truck accident, explosion, etc.
- j. Serious eye injuries.
- k. Serious illnesses occurring at remote sites.

GLOSSARY

Air Ambulance: An aircraft (UH-60A) designed for transporting patients who are seriously ill or injured, requiring rapid transport and minimal emergency care enroute.

"Buddy Aid/Self Aid": Emergency medical procedures, the four lifesaving steps (1. Start the breathing, 2. Stop bleeding, 3. Cover the wound, 4. Treat for shock.) and Cardio-Pulmonary Resuscitation (CPR) carried out by any soldier.

Combat Lifesaver: A non-medical soldier trained to provide emergency care as a secondary mission.

Critically Ill: A patient is considered critically ill when illness or injury is of such severity that patient is in imminent danger of losing life, limb or eye sight.

Emergency Medical Services Ambulance: A vehicle for emergency care which meets standard - federal specification KKK-A-1822 and;

- Can accommodate two emergency medical technicians and two litter patients positioned so at least one patient can be given intensive life support during transit.
- Carries equipment and supplies for optional care at the emergency scene and during transport.
- Has two-way radio communication.
- Safeguards personnel and patients under hazardous conditions.
- Is designed for light rescue procedures and is constructed to afford maximum safety and comfort.
- Avoids aggravation of the patients' condition, exposure to complications and threats to survival.

Field Ambulance: A vehicle designed for transporting; both emergency and non-emergency patients, litter or ambulatory, between field medical treatment facilities (MTF). Field ambulances are equipped to provide minimum emergency care during transport. This vehicle is not the vehicle of choice for transporting patients during peacetime as it cannot be equipped with emergency lights, two-way radio, or siren and contains little or no emergency medical equipment.

Field Medical Support: Medical support rendered to training activities at Fort Benning to include the Infantry School, TOE units not having organic medical assets, and other post activities as required. Field medical support provides emergency medical evacuation and/or treatment for post activities as a supplemental medical activity to other health care. Field medical support is divided into on-site and area medical support as defined below:

- **On-site Medical Support:** Medical support provided by locating medical personnel and equipment at the actual activity or event site.

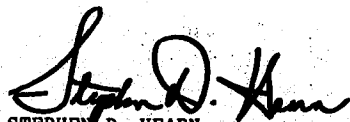
- **Area Medical Support:** Medical support normally provided in a geographical area to units that have no organic or attached medical personnel. Area medical evacuation will be provided by helicopters to the 498th Medical Company (Air Ambulance), standby EMS ambulances of Martin Army Hospital Emergency Room, and field ambulances of the 690th Medical Company and the 3d Brigade, 24th Infantry Division (Mech). Area medical support further includes routine and emergency medical support that may be provided by the troop medical clinics.

Unit Medical Support: Medical support normally provided by medical elements organic or attached to a unit e.g., the medical platoon of an Infantry battalion, the medical section of an artillery or engineer battalion, etc.

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